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Dealing with the Problem of Non Adherence as it relates to the practice of Occupational/Physical Rehabilitation:

"Medicines don't work when patients don't take them."

C. Everett Koop, former U.S. Surgeon General

Framing the Problem

Non adherence has been cited as a key cost driver in healthcare in the US as well as a major contributor to hospital re- admissions, disability, and death. Some relevant statistics from a recent series of articles in Medscape found non adherence :

- Adds up to 290 billion dollars annually to healthcare costs in the U.S.
- Contributes to as many as 125,000 deaths annually
- Is likely multi factorial, defying a single solution approach
- May present with different contributing factors for different conditions within a single individual.
- Cuts across all disciplines of medicine but may become more prevalent with increasing rates of chronic disease

A 2010 study published in *Manual Therapy* found "Within physiotherapy, the concept of adherence is multi-dimensional (Kolt et al., 2007) and could relate to attendance at appointments, following advice, undertaking prescribed exercises, frequency of undertaking prescribed exercise, correct performance of exercises or doing more or less than advised."

The same article noted that prior studies on therapy non adherence found a host of factors including

- Low patient self-efficacy
- High pain levels at baseline
- Depression
- Perceived helplessness
- Anxiety
- Low social support for exercise/activity

Several authors have echoed the above concepts. A 1993 study by Sluijs, Koc, and van der Zee noted "three main factors related to noncompliance were (1) the barriers patients perceive and encounter, (2) the lack of positive feedback, and (3) the degree of helplessness.

Proposed Methods to Address Non Adherence:

Studies have proposed a barrage of means to attack the problem in PT/OT patient populations. Some strategies include:

- Therapists need to be more aware of patient perceived barriers and should actively inquire about the possibility if non adherence is suspected
- Possess means to assess for the presence of depression, anxiety, low self- efficacy with validated clinical screening tools.
- Be willing to negotiate with patients to determine what the patient is willing/capable of performing in terms of exercise or other recommended interventions. Is TID too much for a particular patient? Might they be less likely to drop out if the plan were for QD exercise?
- Always provide written instruction with clear cut illustrations. Aim for a 5th grade reading level to avoid problems with health literacy. Avoid use of jargon without clear definitions of terms.
- When in doubt, less may be more. HEP compliance may improve if plans are kept to no > than 4-5 separate movements.

References:

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